PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

H N / 341 / US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					10010	11111 21	_ 1			Un 1		
TOTAL CLAIMO			. 19					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			\ \ \ minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =					X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in			olumn 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· CL A114	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL	-	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Ind pendent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		!	+145=		OR	+290=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		A	ADDIT. FEE	······································		ADDII. FEE						
AMENDMENT C	`	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+290= TOTAL		
**	f the "Highest Nu	mber Previously Pa mber Previously Pa	ud For IN THIS	S SPACE is	less than	20, enter "20."	A	DDIT. FEE	•	OR ,	ADDIT. FEE	
		nber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	